

QUALITY ASSURANCE FORM

CONSULTANT COMPLETES THIS SECTION

Consultant: _____

Project Description: _____

Des. No.: _____ Project No.: _____

Submittal: _____

This submittal has been reviewed with regard to consistency, completeness, and overall content prior to submittal by the following:

Project Manager: _____

Telephone Number: _____ Date: _____

REVIEWER COMPLETES THIS SECTION (see Note)

The above submittal has been reviewed for quality in accordance with the Quality Assurance Procedures.

Item	Designer	Reviewer

Remarks : _____

NOTE: The consultant is responsible for checking all of its work as outlined in *Indiana Design Manual* Section 6-2.0, Quality Assurance Procedures. This area is where the consultant indicates which of its personnel has checked which items.